

**BETH C. DRAIN, CA CSR NO. 7152**

BEFORE THE  
SCIENCE SUBCOMMITTEE OF THE  
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE  
TO THE  
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE  
ORGANIZED PURSUANT TO THE  
CALIFORNIA STEM CELL RESEARCH AND CURES ACT  
REGULAR MEETING

LOCATION: ZOOM

DATE: MAY 28, 2021  
9 A.M.

REPORTER: BETH C. DRAIN, CA CSR  
CSR. NO. 7152

FILE NO.: 2021-13

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MAY 28, 2021; 9 A.M.

CHAIRMAN STEWARD: SO WELCOME, EVERYONE.

MS. BONNEVILLE: DID WE LOSE OS? OH,  
GOODNESS. WE LOST OS AS WE STARTED. THERE HE IS.  
HE'S HERE NOW. HE LEFT AGAIN. LARRY, YOU MAY HAVE  
TO DO THE HONORS.

MR. GOLDSTEIN: ALL RIGHT. WELCOME,  
EVERYBODY, THIS MORNING TO THE MEETING OF THE  
SCIENCE SUBCOMMITTEE. WE HAVE A PACKED AGENDA. IN  
THE INTEREST OF TIME, WE'LL MOVE RIGHT AHEAD. I  
GUESS EVERYBODY IS ON, MEETING IS BEING STREAMED,  
PUBLIC COMMENTERS ARE READY FOR COMMENT AT THE END  
OF THE MEETING. EVERYTHING IS A GO, IT SOUNDS LIKE.  
I HAND IT OVER TO MARIA MILLAN FOR THE FIRST AGENDA  
ITEM.

MS. BONNEVILLE: ACTUALLY I'M GOING TO  
TAKE ROLL REAL QUICK, LARRY, AND THEN WE WILL MOVE  
ALONG. HOW'S THAT?

DR. GOLDSTEIN: THAT SOUNDS GOOD TOO.  
THANK YOU.

MS. BONNEVILLE: ABSOLUTELY.  
OS STEWARD.

DR. STEWARD: HERE.

MS. BONNEVILLE: DEBORAH DEAS.

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1 DR. DEAS: HERE.  
2 MS. BONNEVILLE: ANNE-MARIE DULIEGE.  
3 DR. DULIEGE: HERE.  
4 MS. BONNEVILLE: LEON FINE.  
5 DR. FINE: YES.  
6 MS. BONNEVILLE: JUDY GASSON.  
7 DR. GASSON: HERE.  
8 MS. BONNEVILLE: LARRY GOLDSTEIN.  
9 DR. GOLDSTEIN: HERE.  
10 MS. BONNEVILLE: DAVID HIGGINS.  
11 DR. HIGGINS: HERE.  
12 MS. BONNEVILLE: STEVE JUELSGAARD.  
13 MR. JUELSGAARD: PRESENT.  
14 MS. BONNEVILLE: JONATHAN THOMAS. ART  
15 TORRES.  
16 MR. TORRES: HERE.  
17 MS. BONNEVILLE: KRISTINA VUORI.  
18 WE HAVE A QUORUM. THANK YOU.  
19 CHAIRMAN STEWARD: THANK YOU, MARIA.  
20 WELCOME, EVERYBODY, TO THE MAY MEETING OF THE  
21 SCIENCE SUBCOMMITTEE. I THINK LARRY HAS ALREADY  
22 SAID A COUPLE OF THINGS. LET ME JUST SAY THAT THIS  
23 MEETING IS BEING HELD UNDER THE OPEN MEETING RULES  
24 OF CIRM, AND AS SUCH FOR ANY ACTION ITEMS, THERE  
25 WILL BE OPPORTUNITY FOR PUBLIC COMMENT BEFORE

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1 THERE'S ANY VOTE, AND THERE WILL BE AN OPPORTUNITY  
2 FOR PUBLIC COMMENT AT THE END OF THE MEETING.

3 I THINK THAT'S THE NECESSARY INTRODUCTION,  
4 AND WE CAN MOVE IMMEDIATELY TO THE AGENDA. AND I  
5 THINK WE START WITH A PRESENTATION; IS THAT CORRECT,  
6 MARIA?

7 MS. BONNEVILLE: YES.

8 DR. MILLAN: IS IT JENNIFER, MARIA  
9 BONNEVILLE?

10 MS. BONNEVILLE: YES. JENNIFER IS UP  
11 FIRST.

12 DR. MILLAN: SO I'D LIKE TO INTRODUCE  
13 JENNIFER LEWIS, THE DIRECTOR OF GRANTS MANAGEMENT.

14 MS. LEWIS: THANK YOU, MARIA. LET ME GET  
15 MY SLIDES UP HERE. CAN EVERYONE SEE THE FULL  
16 SCREEN? GREAT.

17 GOOD MORNING, EVERYONE. TODAY I WILL BE  
18 PRESENTING TO YOU THE PROPOSED RESEARCH BUDGET FOR  
19 FISCAL YEAR 2021/2022. HERE'S THE AGENDA FOR TODAY.  
20 I WILL REVIEW THE 20/21 JANUARY THROUGH JUNE CURRENT  
21 RESEARCH BUDGET AND THEN WILL PRESENT THE PROPOSED  
22 BUDGET FOR FISCAL YEAR 2021-22 WITH THE MAJOR  
23 DRIVERS AND FINANCIAL CONSIDERATIONS OF THAT  
24 PROPOSED BUDGET.

25 SO FIRST, BEFORE I BEGIN, I WANTED TO

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1 PROVIDE A LITTLE BIT OF BACKGROUND ON THE CURRENT  
2 RESEARCH BUDGET PERIOD BECAUSE IT IS A SIX-MONTH  
3 PERIOD. SO IN THE CALENDAR YEAR 2020, THE AGENCY,  
4 AS YOU ALL KNOW, WAS OPERATING IN A WIND-DOWN MODE  
5 WITH LIMITED RESEARCH DOLLARS. AND THEN WITH THE  
6 PASSAGE OF PROPOSITION 14, THIS BOARD APPROVED A  
7 BUDGET IN DECEMBER OF 2020 FOR AN ALLOCATION OF  
8 FUNDS TO REOPEN OUR CORE PROGRAMS IN DISCOVERY,  
9 TRANSLATIONAL, AND CLINICAL, AND SINCE THAT TIME HAS  
10 APPROVED ADDITIONAL CONCEPTS IN EDUCATION AND  
11 INFRASTRUCTURE PILLARS.

12 ALSO PRIOR TO 2021, THE RESEARCH BUDGET  
13 HAD BEEN ALLOCATED ON A CALENDAR-YEAR BASIS. SO AS  
14 WE MOVE FORWARD, IN ORDER TO ALIGN THE RESEARCH  
15 BUDGET WITH OUR OPERATING AND ADMINISTRATIVE BUDGET,  
16 ALONG WITH THE STATE'S BUDGET CALENDAR, THE RESEARCH  
17 BUDGET WILL BE MOVING TO A FISCAL YEAR FROM JULY TO  
18 JUNE. THUS, THIS RESEARCH BUDGET FROM JANUARY  
19 THROUGH JUNE THAT WAS APPROVED IN DECEMBER 2020 HAS  
20 BEEN PRORATED SIX MONTHS TO THE SIX-MONTH PERIOD  
21 FROM WHAT WAS ORIGINALLY INTENDED.

22 SO HERE IS THE ALLOCATED RESEARCH BUDGET  
23 FOR YEAR ONE OF PROP 14 FUNDING, WHICH, AGAIN, IS A  
24 SHORTER TIMELINE OF SIX MONTHS FROM JANUARY THROUGH  
25 JUNE. AS YOU CAN SEE, A HUNDRED MILLION WAS

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1 ALLOCATED TO THE CLINICAL PILLAR, 60 MILLION TO  
2 TRANSLATIONAL PILLAR, AND 22 MILLION TO DISCOVERY  
3 FOR OUR QUEST PROGRAM. ADDITIONALLY, OVER THE PAST  
4 SIX MONTHS, THIS BOARD HAS MET FREQUENTLY AND BEEN  
5 VERY BUSY IN APPROVING CONCEPTS IN OUR EDUCATION  
6 PILLAR FOR OUR BRIDGES PROGRAM, RESEARCH TRAINING,  
7 AND SPARK, ALONG WITH OUR INFRASTRUCTURE PROGRAM FOR  
8 THE ALPHA CLINICS SUPPLEMENT THAT WAS APPROVED IN  
9 MAY EARLIER. THIS TOTAL RESEARCH BUDGET IS 356  
10 MILLION FOR THE PERIOD OF JANUARY THROUGH JUNE 2021.

11 I WANTED TO NOTE A COUPLE OF THINGS. IF  
12 THERE IS A REMAINING BALANCE IN ANY OF THESE  
13 PILLARS, THIS WILL BE REPORTED TO THE BOARD AT AN  
14 UPCOMING MEETING AND FUNDS WILL BE MADE AVAILABLE  
15 FOR FUTURE RESEARCH BUDGET ALLOCATIONS.

16 AND I ALSO WANTED TO HIGHLIGHT THAT, DUE  
17 TO THIS SHORTER BUDGET PERIOD AND THE ACCELERATED  
18 PACE IN WHICH WE HAVE RESTARTED OR CORE PROGRAMS,  
19 THERE ARE SEVERAL APPROVED CONCEPTS IN THIS JANUARY  
20 THROUGH JUNE BUDGET WITH OPEN APPLICATIONS AND  
21 REVIEWS PENDING THAT WILL BE COMING TO THE BOARD FOR  
22 APPROVAL THIS UPCOMING FISCAL YEAR AND BE COMMITTED  
23 IN THAT FISCAL YEAR.

24 NEXT I WOULD LIKE TO DISCUSS THE PROPOSED  
25 2021-2022 FISCAL YEAR BUDGET. SO BEFORE WE LOOK AT

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1 THAT BUDGET, I WANTED TO SHARE THE MAJOR DRIVERS AND  
2 CONSIDERATIONS FOR THIS PROPOSAL THAT WE WILL BE  
3 SHARING TODAY. THIS BUDGET ANTICIPATES AN INCREASE  
4 IN REVIEWS AND VOLUME OF APPLICATIONS FOR THE NEXT  
5 12 MONTHS TOTALING TO 22 REVIEWS. AND IT INCLUDES  
6 CONTINUED FUNDING OF OUR REOCCURRING PROGRAM  
7 ANNOUNCEMENTS IN THE DISCOVERY, TRANSLATIONAL, AND  
8 CLINICAL PILLARS. IT ALSO INCLUDES AN EDUCATION  
9 BUDGET WITH FUNDING FOR A RELAUNCH OF THE CONFERENCE  
10 GRANT CONCEPT, WHICH, FOR THOSE THAT AREN'T  
11 FAMILIAR, THIS ALLOWS FOR AWARDS TO BE MADE IN AN  
12 EXISTING NON-CIRM DIRECTED CONFERENCE OR PROVIDES AN  
13 OPTION FOR A CIRM-DIRECTED CONFERENCE THROUGH A  
14 TARGETED RFA.

15 IN ADDITION, THE EDUCATION BUDGET INCLUDES  
16 FUNDS FOR A FUTURE TRAINING PROGRAM CONCEPT THAT  
17 WOULD COME TO THE SCIENCE SUBCOMMITTEE AND THE  
18 BOARD. WE ARE PLANNING TO BRING THAT FOR AN  
19 UNDERGRADUATE PROGRAM LATER THIS YEAR ALONG WITH A  
20 BUDGET ASSOCIATED WITH THAT.

21 AND THEN, SIMILARLY, A BASIC RESEARCH  
22 CONCEPT IS IN DEVELOPMENT FOR OUR DISCOVERY PROGRAM  
23 THAT WOULD BE BROUGHT TO THE ICOC THIS FALL.

24 AND, LASTLY, WE DO PLAN TO BRING A REVISED  
25 2021-22 BUDGET TO THE ICOC IN DECEMBER WITH THE

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1 STRATEGIC PLAN THAT WOULD INCORPORATE ANY NEW  
2 CONCEPTS FROM THAT PLAN. SO JUST WANTED TO KEEP  
3 THAT IN MIND AS WE MOVE FORWARD.

4 THIS NEXT SLIDE SUMMARIZES THE FINANCIAL  
5 CONSIDERATIONS THAT SUPPORT THIS PROPOSED BUDGET.  
6 THE CLINICAL BUDGET REQUEST IS 162 MILLION, WHICH IS  
7 BASED ON THE MAXIMUM NUMBER OF AWARDS FUNDED  
8 HISTORICALLY PER YEAR AND AN AVERAGE AWARD AMOUNT.  
9 SO FOR OUR CLIN2 PROGRAM, OR THE CLINICAL STAGE  
10 PROJECTS, THE MOST WE'VE FUNDED IN ONE YEAR IS 15  
11 AWARDS, WHICH IS WHAT THIS PROPOSED BUDGET IS BASED  
12 ON, OF AN AVERAGE OF 8.9 MILLION PER AWARD. FOR OUR  
13 CLIN1 PROGRAM, OR LATE STAGE PRECLINICAL PROJECTS,  
14 THE MOST WE'VE FUNDED IN ONE YEAR IS SIX AWARDS AT  
15 AN AVERAGE OF 4.8 MILLION, WHICH IS ALSO BASED ON  
16 THE 162 MILLION BUDGET REQUEST. FOR THE TRANSLATION  
17 BUDGET, WE ARE REQUESTING 52 MILLION BASED ON AN  
18 AVERAGE NUMBER OF AWARDS FUNDED HISTORICALLY PER  
19 REVIEW AND AN AVERAGE AWARD AMOUNT. FOR THIS  
20 UPCOMING YEAR, WE ARE PROPOSING THREE REVIEWS WITH  
21 AN AVERAGE OF FOUR AWARDS PER REVIEW FOR 4.3 MILLION  
22 AVERAGE AWARD AMOUNT.

23 THE PROPOSED DISCOVERY BUDGET IS 80  
24 MILLION WHICH IS ALSO BASED ON AN AVERAGE NUMBER OF  
25 AWARDS FUNDED HISTORICALLY PER REVIEW AND AN AVERAGE

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1 AWARD AMOUNT. FOR QUEST IN DISC2, WE ARE  
2 ANTICIPATING TWO REVIEWS. THE AVERAGE NUMBER OF  
3 AWARDS WE'VE FUNDED HISTORICALLY IS 12 AWARDS PER  
4 REVIEW AT AN AVERAGE AWARD AMOUNT OF 1.3 MILLION PER  
5 AWARD. FOR 2021-22 WE ARE PROJECTING A LITTLE OVER  
6 THAT OF 15 AWARDS IN THIS PROPOSED BUDGET PER  
7 REVIEW, AND THIS IS BASED ON DEMAND IN OUR CURRENT  
8 DISCOVERY ROUND THAT WE RECEIVED OVER THE PAST SIX  
9 MONTHS. ALSO IN THIS \$80 MILLION DISCOVERY BUDGET  
10 REQUEST WE'VE INCLUDED FUNDING IN ANTICIPATION OF A  
11 BASIC RESEARCH CONCEPT THAT, AS I MENTIONED, IS IN  
12 DEVELOPMENT AND WILL BE BROUGHT TO THE BOARD FOR  
13 CONSIDERATION LATER THIS YEAR.

14 THE EDUCATION BUDGET PROPOSAL IS 66  
15 MILLION, WHICH INCLUDES A RESTART OF THE CONFERENCE  
16 GRANT PROGRAM OF FUNDS ALLOCATED OF ABOUT 1.25  
17 MILLION, WHICH IS ALSO BASED ON THE MAXIMUM NUMBER  
18 OF AWARDS WE HAVE FUNDED HISTORICALLY PER YEAR AND  
19 AVERAGE AWARD, AND IT ALSO INCLUDES FUNDS FOR AN  
20 UNDERGRADUATE TRAINING PROGRAM, AS I MENTIONED, THAT  
21 IS CURRENTLY IN DEVELOPMENT THAT WOULD ALSO COME TO  
22 THE BOARD LATER THIS YEAR.

23 HERE'S THE CURRENT RESEARCH BUDGET AND  
24 PROPOSED RESEARCH BUDGET FOR 2021-2022. AS  
25 MENTIONED, THE CURRENT BUDGET IS 356 MILLION, AND I

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1 WOULD LIKE TO HIGHLIGHT THE DISCOVERY AND EDUCATION  
2 PILLARS AS THEY HAVE APPLICATIONS CURRENTLY IN  
3 PROGRESS THAT, AS I MENTIONED, WILL BE COMMITTED IN  
4 THE UPCOMING FISCAL YEAR. AND THIS IS NOT INCLUDED  
5 IN THE NEW PROPOSED BUDGET ASK FOR THE NEXT FISCAL  
6 YEAR. THE PROPOSED 2021-2022 BUDGET INCLUDES 160  
7 MILLION FOR OUR CLINICAL PROGRAM AND DOES NOT  
8 INCLUDE ICOC APPROVED ALLOCATION FOR OUR CURE SICKLE  
9 CELL INITIATIVE OF 30 MILLION, AND CURRENTLY WE HAVE  
10 REMAINING FUNDS OF 17.4 MILLION IN THAT BUCKET. IT  
11 ALSO HAS A PROPOSAL OF 52 MILLION FOR OUR  
12 TRANSLATIONAL PROGRAM, 80 MILLION FOR THE DISCOVERY  
13 PROGRAM, 66 MILLION FOR EDUCATION, AND ZERO DOLLARS  
14 CURRENTLY FOR THE INFRASTRUCTURE PROGRAM WITH A  
15 TOTAL RESEARCH BUDGET OF 360 MILLION.

16 SO AT THIS TIME I WILL PAUSE TO ALLOW  
17 DISCUSSION, BUT THE CIRM TEAM TODAY IS REQUESTING  
18 THAT THE SCIENCE SUBCOMMITTEE CONSIDER THIS BUDGET  
19 PROPOSAL FOR THE UPCOMING FISCAL YEAR AND ADVANCE IT  
20 TO THE ICOC. OS, I WILL STOP FOR QUESTIONS.

21 CHAIRMAN STEWARD: THANK YOU, JENNIFER.  
22 STEVE, I THINK YOU HAD YOUR HAND UP FIRST.

23 MR. JUELSGAARD: YES. SO, JENNIFER, I  
24 APPRECIATE THE FACT THAT WE'RE GOING TO REVISIT THIS  
25 BUDGET AT THE END OF THIS CALENDAR YEAR. FOR ME

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1 THERE'S -- AND I REALIZE THIS IS KIND OF A  
2 PLACEHOLDER BUDGET. SO JUST TAKE MY COMMENTS IN  
3 THAT VEIN. THIS IS REALLY AN HISTORICAL  
4 AVERAGE-BASED BUDGET (INAUDIBLE) FOR ALL INFLATION.  
5 THERE'S -- UNLIKE CLINICAL, WHICH IS WHAT'S THE  
6 GREATEST AMOUNT WE SPENT IN ANY ONE YEAR, IT'S JUST  
7 THE AVERAGE AMOUNT SPENT OVER WHATEVER TIME PERIOD  
8 YOU SELECTED.

9 THE OTHER WAY OF BUDGETING IS A PROJECTED  
10 DEMAND-BASED BUDGET, WHICH IS REALLY LOOKING AT THE  
11 ARC OF THE LINE OVER TIME OF BUDGETED AMOUNTS. AND,  
12 ALSO, IF YOU LOOK AT SLIDE 6 IN WHAT YOU PRESENTED,  
13 THE FIRST THING SAYS IT'S INCREASED REVIEWS AND  
14 VOLUME FOR THE 12-MONTH PERIOD TO 21 REVIEWS. THAT  
15 SUGGESTS TO ME, IF WE'RE GOING TO HAVE INCREASED  
16 REVIEWS, WE'RE GOING TO HAVE INCREASED APPLICATIONS  
17 AND WE'RE GOING TO SPEND MORE MONEY. SO USING A  
18 HISTORICAL AVERAGE DOESN'T NECESSARILY LINE UP WELL  
19 WITH THIS NOTION OF AN INCREASE IN THE NUMBER OF  
20 REVIEWS.

21 ANYWAY, WHAT I'M JUST SAYING IS WHEN WE  
22 GET TO THE END OF THE YEAR AND WE'RE LOOKING AT THE  
23 BUDGET AGAIN, I WOULD SUGGEST THAT WE TRY AND FIGURE  
24 OUT, WE ARE INCREASING THE SIZE OF THE FUNNEL AS  
25 WELL, WHICH WE'LL TALK ABOUT IN THE CONCEPT PLAN,

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1 WE'RE GOING TO INCLUDE GENE THERAPY-BASED PRODUCTS,  
2 ETC., WE MAY FIND OURSELVES ACTUALLY GETTING A LOT  
3 MORE DEMAND FOR DOLLARS THAN WE ARE PROJECTING RIGHT  
4 NOW. SO I THINK THIS IS FINE FOR NOW, BUT I WOULD  
5 SUGGEST WE TRY AND TAKE A STAB AT A PROJECTED  
6 DEMAND-BASED BUDGET LOOKING AT INCREASE OVER TIME  
7 AND ALSO WIDTH OF THE FUNNEL AS IT INCREASES WITH  
8 WHAT WE ARE PROPOSING TO DO. NOT A QUESTION, JUST A  
9 COMMENT.

10 CHAIRMAN STEWARD: THANK YOU, STEVE.  
11 LARRY, I THINK YOU WERE NEXT.

12 MR. GOLDSTEIN: OKAY. I HAVE A SUGGESTION  
13 ABOUT PRESENTATION OF THESE NUMBERS TO THE BOARD AND  
14 TO THE PUBLIC. THE TRAN AND CLIN GRANTS REQUIRE  
15 CERTAIN LEVELS OF MATCH, AND I THINK IT WOULD BE  
16 HELPFUL TO SHOW A PROJECTION OF HOW MANY DOLLARS ARE  
17 LEVERAGED FROM MATCH THAT IS RAISED FROM THE  
18 COMMUNITY OR PRIVATE COMPANIES OR PHILANTHROPY OR  
19 WHATEVER BECAUSE THAT'S ACTUALLY A SUBSTANTIAL  
20 EXTENSION OF THE FUNDING OF THESE PROJECTS AND  
21 ULTIMATELY SPEAKS TO THE PUBLIC VALUE OF WHAT WE DO.

22 MS. LEWIS: THANK YOU, LARRY. WE CAN  
23 INCLUDE THAT AS PART OF THAT.

24 CHAIRMAN STEWARD: THANK YOU. ART, I  
25 THINK YOU HAVE YOUR HAND UP NEXT.

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1 MR. TORRES: YES, I DID. I WANTED TO  
2 ASSOCIATE MYSELF WITH STEVE'S REMARKS IN RESPECT TO  
3 MAKING SURE THAT NEXT TIME WE LOOK AT A PROJECTED  
4 BUDGET BECAUSE I DO BELIEVE THERE WILL BE MORE  
5 DEMAND. AND HISTORICAL AVERAGES MAY NOT REFLECT  
6 WHERE WE NEED TO MOVE GIVEN THE INTEREST OF THE  
7 BOARD AND CLEARLY THE INTEREST OF THE SCIENCE.

8 SECONDLY, I JUST WANTED TO GET -- I THINK  
9 I JUST DID NOT HEAR PROPERLY ON THE SICKLE CELL  
10 PROJECT THAT WE'RE DOING WITH NIH. WHAT WAS THE  
11 UPDATE ON THAT, JENNIFER?

12 MS. LEWIS: SO THE BOARD ALLOCATED 30  
13 MILLION AND CURRENTLY THERE'S 17.4 MILLION REMAINING  
14 IN THAT ALLOCATION, AND THAT ALLOCATION REMAINS. SO  
15 THE CLINICAL BUDGET IS IN ADDITION TO THOSE FUNDS.

16 MR. TORRES: SO WE WILL FULFILL OUR  
17 COMMITMENT TO THE NIH THEN?

18 MS. LEWIS: CORRECT.

19 MR. TORRES: OKAY. THANK YOU.

20 CHAIRMAN STEWARD: OKAY. OTHER QUESTIONS?  
21 I DON'T SEE ANY OTHER HANDS. MARIA, DO YOU SEE ANY  
22 HANDS?

23 MS. BONNEVILLE: NO OTHER HANDS.

24 CHAIRMAN STEWARD: SO THIS IS AN ACTION  
25 ITEM. COULD WE HAVE A MOTION TO APPROVE IF SOMEONE

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1 IS SO MOVED?

2 DR. DEAS: SO MOVED.

3 MS. BONNEVILLE: DEBORAH. AND I DIDN'T  
4 CATCH THE SECOND.

5 MR. TORRES: ART.

6 CHAIRMAN STEWARD: ALL RIGHT. EXCELLENT.  
7 ANY FURTHER BOARD DISCUSSION? IF NOT, THIS ISSUE IS  
8 OPEN FOR ANY PUBLIC COMMENT.

9 MS. BONNEVILLE: THERE ARE NO PUBLIC  
10 COMMENTS THAT I SEE.

11 CHAIRMAN STEWARD: EXCELLENT. SO IN THAT  
12 CASE, MARIA, COULD YOU CALL THE ROLL.

13 MS. BONNEVILLE: YES.

14 OS STEWARD.

15 CHAIRMAN STEWARD: YES.

16 MS. BONNEVILLE: DEBORAH DEAS.

17 DR. DEAS: YES.

18 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

19 DR. DULIEGE: YES.

20 MS. BONNEVILLE: LEON FINE.

21 DR. FINE: YES.

22 MS. BONNEVILLE: JUDY GASSON.

23 DR. GASSON: YES.

24 MS. BONNEVILLE: LARRY GOLDSTEIN.

25 DR. GOLDSTEIN: YES.

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1 MS. BONNEVILLE: DAVID HIGGINS.

2 DR. HIGGINS: YES.

3 MS. BONNEVILLE: STEVE JUELSGAARD.

4 MR. JUELSGAARD: YES.

5 MS. BONNEVILLE: JONATHAN THOMAS. ART  
6 TORRES.

7 MR. TORRES: AYE.

8 MS. THANK YOU. THE MOTION CARRIES.

9 CHAIRMAN STEWARD: EXCELLENT. THANK YOU.  
10 SO THEN, JENNIFER, DID YOU HAVE ADDITIONAL  
11 PRESENTATION OR WAS THAT IT?

12 MS. LEWIS: THAT WAS MY PRESENTATION FOR  
13 TODAY. I BELIEVE GIL IS UP NEXT.

14 MS. BONNEVILLE: CORRECT.

15 CHAIRMAN STEWARD: EXCELLENT. THANK YOU.  
16 OKAY. GIL.

17 DR. SAMBRANO: OKAY. THANK YOU. SO GOOD  
18 MORNING, EVERYONE. I'M GOING TO JUST SHARE MY  
19 SCREEN AND SLIDE DECK. SO IF YOU CAN'T SEE IT, LET  
20 ME KNOW. OTHERWISE I'LL MOVE ON.

21 AND SO WHAT WE ARE DOING TODAY IS BRINGING  
22 FOR YOUR CONSIDERATION SOME CONCEPT CHANGES TO OUR  
23 DISCOVERY, TRANSLATIONAL, AND CLINICAL CONCEPTS.  
24 AND SO THE BOARD APPROVED SOME CHANGES LATE LAST  
25 YEAR IN ORDER TO HELP US RELAUNCH THESE CORE

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1 PROGRAMS STARTING JANUARY 1ST UNDER PROP 14. AND SO  
2 WE DID A FEW EDITS AND CHANGES TO MAKE THAT  
3 POSSIBLE. AND SO TODAY WHAT WE ARE BRINGING ARE  
4 SOME ADDITIONAL CHANGES THAT WOULD ENSURE  
5 CONSISTENCY AMONG THESE CONCEPTS. SO WE'RE TRYING  
6 TO CLEAN THEM UP A LITTLE BIT FROM THAT PERSPECTIVE  
7 AND REMOVE SOME UNNECESSARY BARRIERS THAT STILL  
8 EXIST IN THOSE CONCEPTS TO APPLICANTS. AND THEN  
9 LATER THIS YEAR WE DO EXPECT TO BRING ADDITIONAL AND  
10 MORE COMPREHENSIVE CHANGES THAT WILL ALIGN THESE  
11 CORE PROGRAMS WITH THE NEW STRATEGIC PLAN ONCE THAT  
12 IS DEVELOPED.

13 AND SO I'LL REVIEW WHAT THE GLOBAL CHANGES  
14 TO THE CONCEPTS ARE JUST SO THAT WE ARE ALL ON THE  
15 SAME PAGE. SO THE CONCEPTS ARE ALSO OR COPIES OF  
16 THOSE EDITS ARE PROVIDED TO YOU. SO IF YOU WANT TO  
17 LOOK AT THE DETAILS, THOSE ARE AVAILABLE, AND WE CAN  
18 GO OVER. SO I'M JUST GOING TO DO A BIG-PICTURE  
19 OVERVIEW RIGHT NOW.

20 ONE OF THE MAJOR CHANGES WAS AN ADDITION  
21 OF A STATEMENT ON EACH OF THESE CONCEPTS THAT  
22 ADDRESSES HOW THE PROGRAMS PROVIDE A UNIQUE  
23 OPPORTUNITY TO SUPPORT STAGES OF RESEARCH THAT ARE  
24 UNLIKELY TO RECEIVE TIMELY OR SUFFICIENT FUNDING  
25 FROM OTHER SOURCES. THE IDEA BEHIND THIS IS TO

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1 PROVIDE AN ELEMENT WITHIN THE CONCEPT THAT STATES  
2 THAT UNIQUENESS OF THE PROGRAM AND, AS UNDER PROP 71  
3 AND UNDER PROP 14, FULFILLS THE GOAL OF PROVIDING A  
4 FUNDING OPPORTUNITY WHERE FEDERAL FUNDING AND OTHER  
5 SOURCES OF FUNDING CANNOT. AND PART OF DOING THIS  
6 IS TO ALSO CORRESPONDINGLY REMOVE STATEMENTS THAT  
7 EXIST IN THE ELIGIBILITY SECTION THAT WOULD REQUIRE  
8 APPLICANTS TO DEMONSTRATE THAT THEY ARE UNLIKELY TO  
9 RECEIVE TIMELY OR SUFFICIENT FUNDING FROM OTHER  
10 SOURCES. HAVING IT IN THE ELIGIBILITY SECTION HAS  
11 MADE ASSESSMENT OF THIS ELEMENT QUITE DIFFICULT BOTH  
12 FOR THE APPLICANTS AND FOR CIRM. AND SO WE THINK BY  
13 HAVING THE BOARD DECLARE THAT THESE FUNDING  
14 OPPORTUNITIES ARE UNIQUE IN THIS WAY, I THINK WE CAN  
15 ADDRESS THAT GOAL WITHOUT NECESSARILY HAVING THAT  
16 ELEMENT BE PRESENT IN ELIGIBILITY.

17 OTHER CHANGES INCLUDE BROADLY GENE THERAPY  
18 PROJECTS AS IN SCOPE FOR DIAGNOSTIC, DEVICE, AND  
19 TOOL PROJECTS. PREVIOUSLY WE HAD DONE THIS FOR ALL  
20 THE THERAPEUTIC ELEMENTS, BUT NOW WE ARE EXPANDING  
21 THAT INTO THE DIAGNOSTIC, DEVICE, AND TOOL PROJECTS.

22 AND THEN WE ARE REMOVING AN ELIGIBILITY  
23 REQUIREMENT IN SOME OF THE CONCEPTS THAT SMALL  
24 MOLECULES OR BIOLOGIC PROPOSALS MUST INVOLVE A  
25 THERAPEUTIC CANDIDATE THAT WAS PREVIOUSLY FUNDED BY

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1 CIRM. THIS WAS PUT IN PLACE A COUPLE OF YEARS AGO  
2 AS OUR FUNDS WERE DWINDLING AND WE WERE TRYING TO  
3 PRESERVE THE CORE OF OUR FUNDING MOSTLY TO CELL  
4 THERAPY PROJECTS. AND SO GIVEN WHERE WE ARE TODAY,  
5 WE DON'T THINK THAT HAVING THIS REQUIREMENT IS  
6 NECESSARY, AND WE'D LIKE TO REOPEN IT UP TO ANYONE  
7 WHETHER OR NOT THEY HAVE PREVIOUSLY HAD A  
8 CIRM-FUNDED CANDIDATE.

9 AND THEN IN ADDITION SOME MINOR  
10 CLARIFICATIONS, ADDING, FOR EXAMPLE, REGENERATIVE  
11 MEDICINE TO BROADLY DESCRIBE THE SCOPE OF THE CIRM  
12 FUNDING. AND JUST VERY QUICKLY LET ME GO OVER SOME  
13 OF THE SPECIFIC CHANGES FOR EACH CONCEPT.

14 FOR THE DISCOVERY 2, PROGRAM WHICH FUNDS  
15 DISCOVERY AWARDS FOR IDENTIFYING A CANDIDATE  
16 THERAPEUTIC FOR A DEVICE, DIAGNOSTIC, OR TOOL, IN  
17 THIS CONCEPT WE JUST REALLY MADE MINOR  
18 CLARIFICATIONS IN THE LANGUAGE TO BETTER DESCRIBE  
19 THE ELIGIBILITY OF GENE THERAPY CANDIDATES. WE  
20 EXPERIENCED SOME CONFUSION ON THE PART OF  
21 APPLICANTS, AND SO WE ARE HOPING THAT THIS WILL HELP  
22 CLARIFY SOME POINTS.

23 FOR THE TRANSLATIONAL PROGRAM, WHICH  
24 TARGETS PROJECTS THAT ARE ADVANCING A CANDIDATE  
25 THROUGH TRANSLATIONAL ACTIVITIES, THE CHANGES WE ARE

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1 MAKING THERE ARE FOR THE PROJECT MANAGER PERCENT  
2 EFFORT. WE ARE CHANGING THE MINIMUM PERCENT EFFORT  
3 TO 50 PERCENT, AND ALSO DOING THIS ACTUALLY ACROSS  
4 TRAN, CLIN1, AND CLIN2 SO ALL PROJECT MANAGERS ARE  
5 GOING TO BE AT 50 PERCENT MINIMUM REQUIREMENT.

6 WE ARE DOING THE ADDITION OF GENE THERAPY  
7 TO THE SCOPE OF THE DIAGNOSTIC, MEDICAL DEVICE, AND  
8 TOOLS, WHICH ARE THE TRAN2, TRAN3, AND TRAN4  
9 OPPORTUNITIES.

10 AND THEN FOR THE CLINICAL PROGRAM, WE ARE  
11 CHANGING THE PROPOSED TIME TO AN IND FILING IN THE  
12 CLIN1, WHICH IS THE IND-ENABLING FUNDING  
13 OPPORTUNITY, FROM 18 TO 24 MONTHS. AND THIS IS  
14 BASED ON JUST NOW SEVERAL YEARS EXPERIENCE IN  
15 SUPPORTING THESE IND-ENABLING PROJECTS AND HAS  
16 BECOME CLEAR THAT 24 MONTHS IS A MORE PRACTICAL AND  
17 MORE REALISTIC EXPECTATION TO GET PROJECTS TO THAT  
18 IND FILING.

19 WE ARE ALSO PROPOSING A CHANGE IN PERCENT  
20 EFFORT FOR THE PROJECT MANAGER HERE, AS MENTIONED,  
21 TO 50 PERCENT TO ALIGN THEM ACROSS ALL THOSE  
22 PROGRAMS.

23 AND THEN WE ARE REMOVING A PREFERENCE THAT  
24 IS STATED IN THE CLIN2 FOR RARE OR PEDIATRIC  
25 INDICATIONS THAT EXIST EXCLUSIVELY FOR PHASE 3

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1 TRIALS. AND SO THAT PREFERENCE IS STATED TO BE ONE  
2 THAT WOULD BE GIVEN BY THE GRANTS WORKING GROUP IN  
3 THEIR REVIEW. WE THOUGHT THAT MAYBE AT THIS TIME,  
4 GIVEN THAT WE REALLY HAVE NOT SEEN MANY PHASE 3  
5 TRIAL PROPOSALS, BUT ALSO THERE DOESN'T SEEM TO BE A  
6 PARTICULAR NEED TO HAVE THIS PREFERENCE SIMPLY FOR  
7 PHASE 3S OVER ANY OTHERS, SO WE THOUGHT THAT THAT  
8 MIGHT BE REMOVED SO THAT WE CAN ALIGN ALL THE PHASE  
9 1 THROUGH PHASE 3 TRIAL REQUIREMENTS FOR THE CLIN2  
10 PROGRAM.

11 AND SO THE REQUESTED ACTION IS WE'RE  
12 ASKING THE SCIENCE SUBCOMMITTEE TO RECOMMEND BOARD  
13 CONSIDERATION OF THESE PROPOSED AMENDMENTS FOR THE  
14 CONCEPT PLANS. AND SO HAPPY TO TAKE ANY QUESTIONS  
15 ON THIS. THANK YOU.

16 CHAIRMAN STEWARD: THANK YOU, GIL.  
17 ACTUALLY I'D LIKE TO -- LET ME ASK THE FIRST  
18 QUESTION, IF YOU DON'T MIND, WHICH IS IN REMOVING A  
19 LOT OF THE, LET'S CALL IT, GATING, YOU ARE OPENING  
20 THE GATES ESSENTIALLY. I JUST WAS WONDERING IF YOU  
21 HAD ANY ESTIMATE OF WHAT THAT MIGHT MEAN IN TERMS OF  
22 THE FLOW OF APPLICATIONS INTO CIRM.

23 DR. SAMBRANO: RIGHT. THAT'S A GREAT  
24 QUESTION. IT'S HARD TO SAY. WE KNOW BASED ON  
25 SPEAKING TO SOME APPLICANTS WHO WOULD HAVE APPLIED

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1 OR WHO INTENDED TO APPLY THAT THIS WAS A BARRIER,  
2 BUT IT WAS NOT THAT MANY. I THINK WE MAY HAVE  
3 TALKED TO FIVE TO TEN APPLICANTS WHERE THEY WERE NOT  
4 ABLE TO APPLY GIVEN THAT REQUIREMENT. BUT I THINK  
5 THIS WHOLE YEAR WE ARE TESTING THE WATERS IN TERMS  
6 OF THE OVERALL DEMAND. WE HAVEN'T SEEN A LARGE  
7 INCREASE SINCE JANUARY COMPARED TO PREVIOUS YEARS  
8 YET. SO I THINK THAT IS PART OF THE ONGOING  
9 ASSESSMENT WE'RE GOING TO NEED TO DO.

10 CHAIRMAN STEWARD: THANK YOU. I THINK,  
11 JUDY, YOUR HAND IS UP NEXT.

12 DR. GASSON: THANK YOU. QUICK QUESTION,  
13 GIL. I NOTICED THAT YOU ARE CHANGING THE EFFORT OF  
14 THE PROJECT MANAGER INCREASES FROM 35 TO 50 IN THE  
15 TRAN AND DECREASING IT FROM 75 TO 50 IN THE CLIN. I  
16 JUST WONDERED WHAT THE RATIONALE WAS FOR THAT.

17 DR. SAMBRANO: THAT'S A GOOD QUESTION. SO  
18 THAT IS TRYING TO ALIGN IT, AGAIN, WITH THE  
19 EXPERIENCE FROM OUR SCIENCE OFFICERS AND MEETING AND  
20 HELPING SUPPORT THESE PROJECTS. AND SO WE HAVE  
21 FOUND ON TRAN THAT THE NEED FOR A PROJECT MANAGER IS  
22 REALLY IMPORTANT AT THAT STAGE. HAVING SOMEBODY  
23 THAT CAN HELP LEAD THE PROJECT AT THAT STAGE NEEDS  
24 MORE THAN JUST A MINIMUM OF 35 PERCENT. SO THAT'S  
25 WHY THAT INCREASE.

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1 ON THE FLIP SIDE, IT'S INTERESTING THAT  
2 ONCE A PROJECT GETS INTO THE CLINIC, WE HAD A  
3 PREVIOUS REQUIREMENT OF 75 PERCENT, WHICH MANY HAD  
4 TROUBLE ABIDING BY, AND WE ALSO FOUND WAS JUST NOT  
5 NEEDED. 50 PERCENT IN MOST CASES SEEMED TO BE  
6 APPROPRIATE.

7 DR. GASSON: THANK YOU.

8 CHAIRMAN STEWARD: THANKS, GIL. OTHER  
9 QUESTIONS FROM ANYONE? I DON'T SEE ANY HANDS.

10 MS. BONNEVILLE: NO.

11 CHAIRMAN STEWARD: IF NOT, THIS IS AN  
12 ACTION ITEM. SO IF WE COULD GET A MOTION.

13 DR. DULIEGE: I CAN MOVE.

14 CHAIRMAN STEWARD: THANK YOU, ANNE-MARIE.  
15 IS THERE A SECOND?

16 DR. DEAS: SECOND.

17 CHAIRMAN STEWARD: THANK YOU. IS THAT  
18 DEBORAH?

19 DR. DEAS: YES.

20 CHAIRMAN STEWARD: ANY FURTHER DISCUSSION  
21 BY MEMBERS OF COMMITTEE? IF NOT, WE'LL OPEN THIS UP  
22 FOR PUBLIC COMMENT.

23 MS. BONNEVILLE: THERE ARE NO HANDS  
24 RAISED, OS.

25 CHAIRMAN STEWARD: EXCELLENT. SO, MARIA,

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1 THEN COULD YOU CALL THE ROLL.  
2 MS. BONNEVILLE: OS STEWARD.  
3 CHAIRMAN STEWARD: YES.  
4 MS. BONNEVILLE: DEBORAH DEAS.  
5 DR. DEAS: YES.  
6 MS. BONNEVILLE: ANNE-MARIE DULIEGE.  
7 DR. DULIEGE: YES.  
8 MS. BONNEVILLE: LEON FINE.  
9 DR. FINE: YES.  
10 MS. BONNEVILLE: JUDY GASSON.  
11 DR. GASSON: YES.  
12 MS. BONNEVILLE: LARRY GOLDSTEIN.  
13 DR. GOLDSTEIN: YES.  
14 MS. BONNEVILLE: DAVID HIGGINS.  
15 DR. HIGGINS: YES.  
16 MS. BONNEVILLE: STEVE JUELSGAARD.  
17 MR. JUELSGAARD: YES.  
18 MS. BONNEVILLE: JONATHAN THOMAS. ART  
19 TORRES.  
20 MR. TORRES: AYE.  
21 MS. BONNEVILLE: KRISTINA VUORI.  
22 THE MOTION CARRIES.  
23 CHAIRMAN STEWARD: EXCELLENT. THANK YOU.  
24 SO DO WE HAVE OTHER PRESENTATIONS, MARIA?  
25 MS. BONNEVILLE: NO, THAT WAS THE LAST

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1 PRESENTATION.

2 CHAIRMAN STEWARD: OKAY. THEN THAT ALSO  
3 IS THE CONCLUSION OF THE BUSINESS OF THE  
4 SUBCOMMITTEE TODAY; IS THAT CORRECT?

5 MS. BONNEVILLE: YES.

6 CHAIRMAN STEWARD: OKAY. GOOD. IN THAT  
7 CASE WE WILL OPEN THIS UP, THEN, FOR ANY PUBLIC  
8 COMMENT ON ANY ISSUES RELATED TO THIS COMMITTEE'S  
9 INTEREST, SO TO SPEAK. MARIA, DO WE HAVE ANY PUBLIC  
10 COMMENT?

11 MS. BONNEVILLE: I JUST WANTED TO LET  
12 ANYONE KNOW YOU CAN PRESS STAR 9 IF YOU DO NOT KNOW  
13 THAT'S HOW YOU CAN GET PUBLIC COMMENT IS STAR 9.

14 CHAIRMAN STEWARD: IF WE DO HAVE PUBLIC  
15 COMMENT, I'D JUST REMIND EVERYBODY THAT YOUR  
16 COMMENTS ARE LIMITED TO THREE MINUTES EACH.

17 MS. BONNEVILLE: THERE IS PUBLIC COMMENT  
18 FROM PAOLA. IF YOU COULD UNMUTE YOURSELF.

19 MS. ABDULRAHIN: HELLO. THANK YOU. THANK  
20 YOU FOR THE OPPORTUNITY. MY NAME IS PAOLA  
21 ABDULRAHIN. I'M THE MOTHER OF A SKID BABY FROM  
22 CANADA. AND I JUST WANTED TO TELL YOU ALL THAT WE  
23 APPRECIATE ALL THE EFFORTS THAT YOU GUYS ARE DOING  
24 FOR THE CARE OF ALL THE ADA-SCID CHILDREN AROUND THE  
25 GLOBE. WE REALLY HOPE THAT EVERYTHING THAT YOU ARE

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1 DOING IS GOING TO REALLY BRING US THE HOPE THAT WE  
2 NEED IN TERMS OF THE CARE FOR OUR CHILDREN. AND  
3 HOPEFULLY THAT WE'RE GOING TO BE ABLE TO GIVE THEM A  
4 LIFE, THAT THEY CAN GO TO LIVE A NORMAL LIFE AND A  
5 PRODUCTIVE LIFE IN THE FUTURE. SO THANK YOU FOR  
6 EVERYTHING AND ALL YOUR EFFORTS THAT YOU ARE DOING  
7 BECAUSE IT'S REALLY IMPORTANT. I JUST WANTED TO SAY  
8 THAT.

9 CHAIRMAN STEWARD: THANK YOU VERY MUCH,  
10 PAOLA. THAT WAS VERY GOOD TO HEAR FROM YOU, AND WE  
11 CERTAINLY APPRECIATE YOUR INPUT.

12 MARIA, IS THERE OTHER PUBLIC COMMENT?

13 MS. BONNEVILLE: I DO NOT SEE ANY OTHER  
14 PUBLIC COMMENT.

15 CHAIRMAN STEWARD: OKAY. EXCELLENT.  
16 MARIA MILLAN, WAS THERE ANYTHING THAT YOU WANTED TO  
17 ADD AT ALL TO OUR MEETING TODAY?

18 DR. MILLAN: NO, NOTHING ADDITIONAL UNLESS  
19 THE BOARD NEEDS CLARIFICATION ON ANYTHING. I JUST  
20 WANTED TO -- JENNIFER LEWIS HAD PRESENTED THE BUDGET  
21 PROPOSAL. I JUST WANTED TO CLARIFY THAT THE  
22 AVERAGES SHE WAS TALKING ABOUT WAS AVERAGE PER  
23 AWARD. AND, IN FACT, THERE WAS A PROJECTION DONE  
24 WITH THE ANTICIPATED INCREASE IN NUMBER OF ROUNDS.  
25 BUT THE PROJECTION INCLUDED THE ANTICIPATED NUMBER

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1 OF SUCCESSFUL APPLICATIONS PER ROUND. I JUST WANTED  
2 TO MAKE SURE THAT THAT WAS CLEAR, BUT WE WILL MAKE  
3 IT CLEARER AT THE NEXT PRESENTATION.

4 MR. TORRES: IF I MAY, I JUST WANT TO HAVE  
5 A SHOUT-OUT TO MARIA MILLAN. SHE REALLY EXPRESSED  
6 AN INCREDIBLE INTERACTION, AS DID OTHERS ON OUR  
7 STAFF, WITH ORCHARD IN DEALING WITH THIS CRISIS  
8 WHICH, GOD WILLING, IT LOOKS LIKE SHE HAS RESOLVED  
9 AND OTHERS HAVE RESOLVED TO BRING TO THE TABLE. AND  
10 IT ALL COMES DOWN TO SAVING LIVES. AND I AM SO  
11 PROUD TO HAVE HER AS OUR CEO BECAUSE SHE GOES BEYOND  
12 THE CALL OF DUTY. AND WHEN SOMEONE EXPRESSES THAT  
13 COMMITMENT, AND I'M SURE IT COMES FROM HER  
14 BACKGROUND AS A PEDIATRIC ORGAN TRANSPLANT SURGEON,  
15 BUT, NONETHELESS, WE ARE SO FORTUNATE TO HAVE HER.  
16 AND THANK YOU AGAIN, MARIA, FOR I KNOW WHAT YOU PUT  
17 UP WITH IN TRYING TO GET THIS ISSUE RESOLVED FOR OUR  
18 PATIENT ADVOCATES, FOR THE PARENTS, AND ULTIMATELY  
19 FOR THE CHILDREN. THANK YOU.

20 CHAIRMAN STEWARD: HERE. HERE.

21 DR. MILLAN: THANK YOU SO MUCH.

22 MR. GOLDSTEIN: GREAT WORK.

23 DR. MILLAN: I APPRECIATE THAT. AND ONE  
24 OF THE THINGS THAT I WANTED TO MAKE SURE OF IS THAT  
25 THERE IS A LOT OF INTEREST IN THIS PROGRAM. I DID

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1 WANT TO SHARE THAT ORCHARD WILL BE ENABLING A  
2 PREAPPROVAL CLINICAL TRIAL AT UCLA. THAT IS  
3 SOMETHING THAT THEY HAVE MADE CLEAR AND PUBLIC SO  
4 THAT DON KOHN CAN CARRY ON THIS WORK. AND SO WE  
5 HAVE BEEN MAKING ARRANGEMENTS SO THAT CIRM COULD  
6 FACILITATE THAT.

7 IF THERE ARE ANY ADDITIONAL QUESTIONS TO  
8 THAT, I'M TOLD THAT ORCHARD WILL BE SENDING AN  
9 UPDATE THAT WILL BE SHARED WITH THE PATIENT ADVOCATE  
10 COMMUNITY AND THE PUBLIC AND WILL BE MADE AVAILABLE  
11 ON THEIR WEBSITE TODAY. SO THANK YOU SO MUCH FOR  
12 THE PUBLIC COMMENT. WE DEFINITELY KEEP YOU AT THE  
13 CENTER OF WHAT WE DO AND ARE ADVOCATING FOR YOU AS  
14 MUCH AS POSSIBLE IN TRYING TO COME UP WITH THE BEST  
15 WAYS TO ACCELERATE TREATMENTS TO PATIENTS REGARDLESS  
16 OF CHALLENGES WE FACE AHEAD OF US. AND I REALLY DO  
17 APPRECIATE SENATOR TORRES AND ALL THE BOARD MEMBERS'  
18 SUPPORT, WE ALL DO AS A TEAM AT CIRM. THANK YOU SO  
19 MUCH.

20 CHAIRMAN STEWARD: THANK YOU, MARIA.

21 I THINK THAT IS AN EXCELLENT WAY TO END  
22 OUR MEETING TODAY UNLESS THERE'S OTHER URGENT  
23 BUSINESS TO CONSIDER. IF THERE'S NOTHING ELSE,  
24 WE'LL GO AHEAD AND CLOSE OUT THE MEETING. THANKS TO  
25 EVERYONE YOUR TIME TODAY, AND WE'LL LOOK FORWARD TO

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1 TAKING UP THESE ISSUES AT THE NEXT FULL MEETING OF  
2 THE ICOC.

3 MR. TORRES: THANK YOU, OS.

4 MS. BONNEVILLE: THANKS, EVERYONE. SEE  
5 YOU IN JUNE.

6 (THE MEETING WAS THEN CONCLUDED AT 9:38 A.M.)

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**REPORTER'S CERTIFICATE**

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE ZOOM PROCEEDINGS BEFORE THE SCIENCE SUBCOMMITTEE OF THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON MAY 28, 2021, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

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